

**OHIO DISASTER RELIEF VOLUNTEER  
PERSONAL AND MEDICAL EMERGENCY INFORMATION**

Volunteers are requested to provide the following information to the Unit Director or Blue Hat upon arrival at the point of departure or disaster work location. The Unit Director or Blue Hat is responsible for this information and will destroy this sheet at the conclusion of deployment or return it to the individual.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your church: \_\_\_\_\_

Birthday \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Other person to contact in an emergency:

Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical restrictions we should know about:

\_\_\_\_\_

Special Instructions \_\_\_\_\_

Allergies: Food, insects, poison ivy, etc \_\_\_\_\_

Symptoms or reactions: \_\_\_\_\_

Antidote \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Do you currently have an active health insurance policy? YES NO

Note any additional information here: